

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>B</i>	<i>62818</i>	<i>4/4/00</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>4/14/00</i>
FORMALITY REVIEW		<i>71634</i>	<i>6/5/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	1/29/01
2	10/16/01
3	3/16/01
4	2000
5	2000
6	2000
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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